## 2010-2011

## **PSYCHOLOGY INTERNSHIP**

# Louis Stokes Cleveland Department of Veterans Affairs Medical Center



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### **PSYCHOLOGY INTERNSHIP PROGRAM**

**An APA Accredited Program** 

#### 2010-2011 Internship Year

LOUIS STOKES CLEVELAND
DEPARTMENT OF VETERANS AFFAIRS
MEDICAL CENTER
CLEVELAND, OHIO



10701 East Boulevard 116B (W), Cleveland, Ohio 44106 10000 Brecksville Road 116B (B), Brecksville, Ohio 44141

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#### INTRODUCTION

The Louis Stokes Cleveland Department of Veterans Affairs Medical Center (LSCDVAMC) provides internship training in Professional Psychology, and is fully accredited by the American Psychological Association. Qualified candidates who are enrolled in APA accredited programs in clinical or counseling psychology are eligible to apply at the doctoral level. Postgraduate candidates who are completing APA accredited programs of respecialization in clinical or counseling psychology are also eligible to apply. The internship provides an unusual range of training opportunities because of the complexity of the Medical Center.

## THE LOUIS STOKES CLEVELAND DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

The Medical Center is one of the most diverse in the VA system. It is composed of two major hospital units with a total of over 600 beds, twelve community-based outpatient clinics located some miles apart including two with full outpatient medical services, and a mental health satellite clinic. The hospital provides



comprehensive health care services to veterans and their families primarily from its Northeast Ohio catchment area. The patient population includes a broad spectrum of socioeconomic and ethnic groups. In the 2008 fiscal year, over 20,000 veterans amassed over 100,000 visits for mental health services at our facility. The Medical Center is also heavily invested in the training of professionals in health care and in basic and applied research. It is affiliated with the Case Western Reserve University School of Medicine. Residents and medical students train at the Medical Center in all major specialties. Affiliations are also maintained with a large number of universities for the training of professionals in a number of other health care disciplines including psychology, social work, nursing, dentistry, audiology and speech



pathology, optometry, pharmacology, physical and occupational therapy, and nutrition. Over 1,000 students in the health care professions are trained yearly.

The VA has the largest psychology training program in the United States. In 2008 it increased its support for education, greatly increasing the residency training program positions in the 2008-2009 year. Through its affiliations with medical schools and universities, VA is the largest provider of health care training in the United States. VA medical facilities are affiliated with 107 of the nation's 126 medical schools. These training positions address VA's critical needs and provide skilled health care professionals for the entire nation. The additional positions will also encourage innovation in education that will improve patient care, enable different disciplines to work together, and will incorporate state-of-the-art models of clinical care, including VA's renowned quality and patient safety programs and electronic medical record system.



The Wade Park Campus (W) is located five miles east of downtown Cleveland, within University Circle, the major healthcare, educational, and cultural area of the city. Inpatient services include acute and intermediate medicine, surgery, spinal cord injury, geriatrics, neurology, and physical medicine and rehabilitation. Outpatient services focus on primary care with full support from specialty and subspecialty clinics. Special clinical programs and services include a Pain Clinic, a partial hospitalization Day Hospital program, outpatient mental health, substance abuse treatment, cardiothoracic surgery, women's health, and CT and MRI. One

innovative approach to meeting healthcare needs and improving customer satisfaction of veterans is a short stay unit to facilitate ambulatory surgery. The clinical and basic research program is among the largest in the Department of Veterans Affairs, with researchers known nationally and internationally for their contributions to science and a budget from all sources of ten million dollars. There are also two community based 'Vet Centers', providing readjustment counseling for Vietnam, Korea, Operation Desert Storm, and Iraqi veterans.

The Brecksville Campus (B) is located midway between Cleveland and Akron in the suburban community of Brecksville. In addition to a variety of inpatient units and clinics treating schizophrenia and mood disorders, it includes the Veterans Addiction Recovery Center, a comprehensive inpatient and outpatient substance abuse treatment program, and a Domiciliary, in which homeless veterans receive active rehabilitation. It is the site of the Center for Stress Recovery, which provides a coordinated program of clinical services, training and research for patients with posttraumatic stress disorder. The Center for Community Living (rehabilitation and nursing home



care), also located at the Brecksville Unit, is part of the Medical Center's geriatric program.

The Cleveland VA system also includes 13 community based outpatient clinics (CBOCs) throughout our northeast Ohio catchment area. Akron, Canton, and Youngstown Clinics are the largest and provide a range of outpatient medical, dental, mental health, and rehabilitation services to patients in those geographical areas.

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#### PSYCHOLOGY SERVICE AT THE LSCDVAMC

The Medical Center is organized around both service type and professional identity, with mental health programs in Psychiatry, the Veterans Addiction Recovery Center, the Center for Stress Recovery, Neuropsychology, General Medicine, Geriatrics, Cardiology, Pain Management, Spinal Cord Injuries, and Infectious Disease clinics. There are over 40 psychologists in our service who provide comprehensive services to patients and their families in these areas and others throughout the Medical Center. They serve as members of multidisciplinary treatment teams in psychiatric care, as consulting and unit psychologists in specialized medical units, and as coordinators or program managers of several patient care programs. In addition to clinical and administrative duties, psychologists are also actively involved in research and training. The variety of program involement creates a wide range of professional activities in which an intern may engage, and a large, diverse, and experienced staff with whom to interact. Most of our psychologists are organized in our Psychology Service reporting directly to the Chief of Psychology. Discipline-specific professional activity, such as training programs, credentialing and privileging, and peer review are under the aegis of the Chief of Psychology Service. The Director of Psychology Training manages the day-to-day features of the Psychology Internship Program.

#### PSYCHOLOGY INTERNSHIP PROGRAM

**Training Model and Goals:** The Psychology Internship Program follows a *practitioner-scholar* model. With respect to the 'practitioner' aspect of the training model, we focus on the acquisition and extension of clinical skills; development of the intern's professional role, identity, and demeanor; and socialization into the health service delivery environment. This is actualized by the intern's participation in experiential learning on three rotations, an optional enrichment (if elected), and case presentations. With respect to the 'scholar' aspect of the model, we believe that sound practice is underpinned by the science of psychology, with the intern gaining systematic experience in the critical evaluation of clinical and research literature. Accordingly, interns participate in a biweekly journal club presenting, discussing, and critically evaluating psychology literature. Scholarly/research background is also incorporated into case presentations, when appropriate. In addition, opportunities to do research on clinical phenomena are available and the possibility of developing research and outcome-based innovations in care/program development can be provided. The Psychology Internship Program thus is designed to provide a sound basis for career development whether that will be as a generalist practitioner in clinical or counseling psychology or through subsequent postdoctoral training and specialization. By the end of the internship, it is expected that the intern will be able to function at the beginning professional level in the psychologist's core assessment, intervention, and decision-making functions, as well as demonstrate awareness of the strengths and limitations of the discipline's knowledge and techniques.

**Training Assignments:** Training opportunities in the areas of mental health, health psychology, neuropsychology and geropsychology are offered. Rotation options within these areas enable the intern to gain experience in settings to which he or she has not been previously exposed. All rotations provide training in the core areas of assessment; individual, group and/or family interventions; and staff consultation. The emphasis varies with specific assignments. Rapid assessment, crisis intervention, brief therapeutic approaches, and consultation are more characteristic of the acute treatment settings, while therapeutic programming, psychosocial rehabilitation, behavioral and social learning approaches, reeducation and staff development are more characteristic of the extended care settings. On the basis of information from the student and his or her university Director of Training and discussions with the student regarding rotations and options in which he or she is interested, an internship program is formulated which meets the intern's training needs, assures a breadth of experience, and respects

developing professional interests. The program will consist of three four-month assignments, plus an optional supplemental training experience (see below).

**Journal Club:** Every two weeks interns will rotate leading a 'brown-bag' style scholarly discussion of a research article during the lunch hour. Journal Club is held with the interns at each respective location, so that interns are not required to travel to the other facility for Journal Club.

**Group Case Conference:** On weeks opposite Journal Club, interns will participate in a Group Case Conference discussion. This provides interns a biweekly opportunity to discuss and obtain feedback on ongoing cases. For the first few months, a staff member will serve as a moderator, after which the Postdoctoral Residents will assume the moderator role.

**Assessment Module:** At the outset of the internship year, in addition to pursuing the first rotation, each intern must demonstrate beginning competence in diagnostic assessment, interpretation of psychological tests, and report writing. The intern interviews, tests, and evaluates a veteran, then writes a clinical report. If the report is deemed adequate, the intern has completed the requirement. Additional cases with supervision may be required until an acceptable assessment is completed.

Case Presentations: At the conclusion of each of the first two rotations, the intern must present a case study from that rotation. The case study must include at a minimum a basic developmental history, psychological testing, diagnosis, and treatment recommendations. The intern presents the case to other interns, the training director, and an outside consultant. After discussion the outside consultant provides feedback to the intern and training director.

**Oral Examinations**: Near the end of the internship year, interns are required to present a case study to a board of two psychologists. At the close of this examination, the intern must achieve a rating of being ready for independent practice of psychology. This follows the trend in psychology to eliminate the post-doctoral supervised year as a licensure requirement, making the internship the final supervised clinical experience before licensed independent practice. The Psychology Training Committee recognizes it has a responsibility to insure that trainees are prepared for licensure by holding our program to high standards. It is expected that all interns will be able to pass this examination.

**Stipend:** Interns receive \$23,486 for the year. Interns are appointed for a minimum of a year and a day, thus making interns eligible for health and other benefits. Annual and sick leave are also accrued, and interns are not on duty for paid Federal holidays.



#### MODEL INTERNSHIP TRACKS

The Internship Tracks described here provide the framework within which specific training rotations are developed in accordance with training needs and interests. In addition to providing general training, they prepare the intern for subsequent specialization at the postdoctoral level. The specific assignments or rotations (of four months each) are described in Appendix A. These descriptions should be consulted when considering the model tracks. We make every effort to provide interns' with their initially assigned rotations, however training needs or unforeseen circumstances may necessitate rotation substitutions.

#### **Tracks and Rotations:**

The term TRACK refers to the overall concentration that each intern pursues, in Mental Health (general track) or in prespecialization tracks of Neuropsychology, Geropsychology, or Health Psychology. This is what APPIC refers to as a specialty area, and each intern selects one Track.

The term ROTATION refers to a four-month, essentially full-time clinical assignment, and each intern completes three rotations per year. The sequence of Rotations in each Track varies with the track, program location and demands, and availability of supervisors.

An ENRICHMENT, as we define it, is a supplementary clinical assignment of up to 300 hours, usually pursued on a one-day per week basis over eight months concurrent with the second and third rotations. Some Tracks specify potential Enrichments, as well as the basic three-rotation sequences.

#### I. MENTAL HEALTH TRACK

The Mental Health Track provides training in assessment and intervention with a wide variety of psychiatric, behavioral, and environmental problems. It is designed to enable the intern to develop adequate skills in the differential diagnosis of psychopathological disorders and to develop and implement individualized treatment plans essential for successful intervention. Theoretical and therapeutic approaches will vary with the training setting and types of problems typically encountered, but most rotations generally provide experience in (1) psychological assessment, (2) individual interventions, including psychotherapy and cognitive approaches, (3) collective interventions (group, marital, and/or

family), (4) case management, (5) vocational assessment and counseling, (6) multidisciplinary treatment team planning, and (7) patient education. Interns generally will concentrate in areas in which they have not gained extensive prior experience to broaden the scope of their diagnostic and treatment skills. This program consists of two different rotations from the mental health area (Appendix A) that do not duplicate previous experience. The remaining assignment may be selected from among the health psychology rotations. Three mental health rotations may be selected where breadth of experience is not an issue, provided that one of these is in substance abuse.



#### II. HEALTH PSYCHOLOGY TRACK

The Health Psychology Track encompasses clinical health psychology applications. This track meets requirements for health psychology internships promulgated by the Council of Directors of Health Psychology Training Programs. It offers training experiences in a variety of inpatient medical settings, including acute, intensive care, and rehabilitation units. In addition, participation in Primary Care Medical Clinics provides interns with broad experience in assessment and short and long-term care of medical outpatients and their families. Interns interested in this track must have adequate prior experience in mental health settings so that they will be able to recognize and manage common psychiatric syndromes, since they may coexist with medical problems. Coping with illness, as well as



modifying health-related behaviors through direct and focused interventions are emphasized. Depending upon the rotations chosen, training experiences may include the following: (1) differential diagnosis of functional and organic contributions to symptoms, (2) crisis intervention with patients and families, (3) consultation-liaison activities with multi-disciplinary staff, (4) pain and stress management, (5) counseling for adjustment to chronic disease and disability, (6) individual and marital therapy, (7) group intervention aimed at primary and secondary prevention. Interns who elect this track generally take two different rotations from the Health Psychology group (see Appendix A) and a third from the Mental Health group.

#### III. GEROPSYCHOLOGY TRACK

Interns in the Geropsychology Track receive a broadly-based training experience that includes both specific geropsychological work and more general training appropriate to the doctoral level. The focus is on lifespan development, normative changes, and the interaction between the mental and physical problems which may occur in older persons. The intern will explore beliefs about aging, ethical issues related to this population, biology and the mind-body connection, and the social dynamics of aging. Methods of efficient yet thorough evaluation, testing, and intervention appropriate to this population will be applied with consideration of diversity issues. This will occur in several contexts, including membership in a multidisciplinary team in inpatient and outpatient medical settings, as well as in long-term care settings. The intern will spend approximately one-half of his or her clinical time with elderly patients by completing the Geropsychology (W) Rotation and a combination of other experiences. The other rotations and enrichment experience will be selected in areas that insure breadth of training without duplicating previous experiences. Typical programmatic options would be:

(1) Geropsychology (W) Rotation Neuropsychology (W or B) or Long-Term Care (B) Third rotation for breadth of training.

(2) Geropsychology (W) rotation Two additional rotations. Enrichment in Palliative Care (W)

#### IV. NEUROPSYCHOLOGY TRACK

The Neuropsychology Track affords both general clinical training and preparation for subsequent specialization at a postdoctoral level. The program offered meets the Division 40/International Neuropsychological Society criteria for doctoral Neuropsychology internships. The Track consists of one of the following potential rotation programs, determined as is appropriate based on prior training and experience.

- 1) Two Neuropsychology rotations (W & B) and a third rotation for breadth of training.
- 2) One Neuropsychology rotation (W or B), a second rotation in which there is substantial experience with neuropsychologically impaired populations (Geropsychology, Spinal Cord Injury Service, Pain Clinic), and a third rotation for breadth of training.



#### ENRICHMENT OPPORTUNITIES

In addition to the three four-month rotations, interns are permitted to pursue an internal or external enrichment option during the year. External Enrichment options are best negotiated during the application process so that suitable arrangements with other training sites can be completed. Applicants interested in pursuing external enrichment possibilities should provide their own liability insurance. In most instances, outside agencies are now requiring this as a condition of accepting any student from an outside program. Internal Enrichments may be petitioned for in October of the training year, once the intern



has sufficiently familiarized him or herself with the range of training opportunities.

*Internal Enrichment:* Up to eight hours per week may be authorized for approved training with an appropriate staff member outside the current rotation. For example, interns who require experience in long-term therapy may see selected patients throughout the internship year through outpatient mental health or other settings. In recent years, enrichments have been pursued with the Gambling Treatment Program, Palliative Care Team, Primary Care, Bariatric Surgery, Women Veterans PTSD Program, and Smoking Cessation group.

**External Enrichment:** Interns with a training need which will not otherwise be met in the remainder of their doctoral program may be placed in an external (non-VA) assignment. Up to 300 hours of such training at a designated community agency may be credited towards the intern's training year requirement. External enrichments in forensic evaluation are available currently.

#### RESEARCH OPPORTUNITIES

Dissertation Research: Interns not utilizing another enrichment option may be authorized up to 300 internship hours for doctoral Dissertation research if that research involves the hospital's veteran population. A number of former interns have conducted their research at our facility. The variety of settings and patients here facilitates data collection. A particularly large database is available in the Veterans Addiction Recovery Center. Research projects are also active in neuropsychology, General Medicine Clinic, and Psychiatry. Psychology also maintains voluminous psychological testing archives in hard copy and computer files.

Applied Clinical Research: Research opportunities are available on most rotations. Interns may devote up to eight hours per week to developing and implementing a clinical research project pertinent to their assignment or to participating in ongoing research. Consultation and assistance are regularly available from the Psychology staff, a research psychologist at the Medical Center, and faculty from nearby affiliated universities. Major research areas include substance abuse, gambling disorders, pain management, chronic health care, shared medical appointments, tobacco abuse, spinal cord injury, cardiology, obesity, neuropsychology, schizophrenic cognition, and in geriatrics such as the driving evaluation clinic.

#### **SUPERVISION**

Our approach to supervision is by apprenticeship during which clinical experiential learning is acquired. The intern is assigned to one primary staff psychologist for supervision and training during each rotation. Supervision is individualized to meet the intern's needs and level of professional development. Throughout the internship, we strive to treat interns as emerging professionals and colleagues. The long tradition of internship training at our facility (over 45 years) ensures ready acceptance of interns by Medical Center staff.

At the outset of each rotation, the intern and his or her supervisor establish the specific rotation competencies to be attained, as well as a supplementary set of individual training objectives appropriate to the setting and the intern's individual needs. Individual supervision is regularly scheduled for at least two hours weekly to review the intern's work, and it is provided at other times as necessary to deal with more immediate issues and concerns, for a total of four hours weekly. Ongoing feedback and observational learning throughout the workday are also afforded by the presence of the supervisor actively engaged in clinical work in the rotation setting. At mid-rotation, the intern and supervisor meet to discuss the intern's progress on the specific rotation competencies, and to revise the goals as appropriate. Toward the end of first two rotations, the intern makes a case presentation to a consultant, other interns, and staff to strengthen his or her ability to formulate cases clearly and develop appropriate interventions. The consultant often comes from outside the Medical Center and is frequently able to add a new perspective to issues in assessment and case management. At the conclusion of the rotation, the supervisor prepares a written evaluation of the intern's performance, which is discussed with him or her before a copy is forwarded to the university Director of Training. The evaluation becomes part of the permanent record and is available to certifying agencies or prospective employers as appropriate. All training is under the supervision of a licensed psychologist and certified with the Ohio State Board of Psychology, as required by Ohio law.



#### **EDUCATIONAL OPPORTUNITIES**

#### Intern Seminars

- (1) Didactic Seminars: Two series of didactic presentations are offered on a weekly basis throughout the year. The seminars at the Wade Park Campus usually present a Health Psychology topic and those at the Brecksville Campus a Mental Health topic. Taught by staff and consultants, these seminars are designed to educate interns and staff about current developments in clinical practice and research. Interns are required to attend both seminars. The Health Psychology Seminars cover areas such as the use of medical chart review in differential diagnosis, consultation, neuropsychological assessment, management of chronic and terminal illness pain, geropsychology, use of psychotropic medication in the medical setting, eating disorders, and bioethics. The Mental Health Seminars address issues in substance abuse, post-traumatic stress, evaluation of suicide potential and dangerousness, current trends in conceptualization and treatment of schizophrenia, advanced intervention techniques, psychopharmacology, and professional issues. Intern input during the year permits addition of timely topics as training needs emerge.
- (2) Intern Case Presentations: At the conclusion of each of the first two rotations, the intern presents a clinical case to an outside consultant and his/her peers. This affords the intern the opportunity of intensively conceptualizing and organizing a case, communicating understanding of that case, and demonstrating clinical judgment to a professional audience.
- (3) Journal Club: The intern chooses a research or scholarly article, summarizes and communicates the findings and concepts to peers as a group, and moderates a discussion. This gives the intern the opportunity of honing skills in critical thinking and oral communication of scientific and scholarly content. Interns rotate presentations on a biweekly schedule throughout the year.
- (4) Group Case Conference: The intern presents case material for discussion by his/her peers and a staff member or postdoctoral resident moderator. This provides a biweekly opportunity to discuss cases.

#### Inservice Education

Interns attend the periodic Psychology Inservice Education Programs. These half-day and full-day workshops are presented by nationally recognized faculty or prominent local professionals. Since 1989, the Medical Center has been accredited by APA as a sponsor of Continuing Education programs, enhancing our ability to attract distinguished presenters. Relevant presentations are offered by other services and treatment units such as Grand Rounds, Internal Medicine case conferences and journal club, Social Work, the Center for Addiction Treatment and the Office of Geriatrics and Extended Care, and interns are encouraged to attend these as schedules permit. The Regional Learning Resource Center, also located at Brecksville, has an extensive collection of books, journals, and audiovisuals available for intern use. Computerized literature searches and a national network of interlibrary loan are also available.

#### **EVALUATION**

Successful completion of the internship program entails demonstrating satisfactory or better competency attainment in the following activities.

(1) Assessment Module. Each intern must write a satisfactory diagnostic report on an initial case.

- (2) Rotation Performance: The intern must satisfactorily complete the three clinical experiential rotations, and any supplemental Enrichment opportunity that is elected.
- (3) Case Presentations: The intern gives two Intern Case Presentations, at the conclusion of each of the first two rotations.
- (4) Journal Club Presentations: The intern must demonstrate satisfactory skill in presenting and moderating discussions of scholarly articles.
- (5) Oral Final Examination: During the third rotation, the intern must successfully pass a competency-based oral examination on a clinical case.



#### NORTHEAST OHIO / NORTHCOAST AREA

Cultural, educational and recreational opportunities abound in Northeast Ohio. The Cleveland area



View of Cleveland Skyline by Shawn Hoefler (with permission Clevelandskyscrapers.com)

combines the major cultural attractions of a metropolitan area with the benefits of a rationally paced life style. Cleveland's renowned Museum of Art, Severance Hall orchestra venue, Museum of Natural History, Institute of Art, Institute of Music, and Western Reserve Historical Society, are among the cultural attractions to be found in the University Circle area alone, near the Wade Park Unit of the Medical Center. Case Western Reserve University, Kent State University, Cleveland State University and the University of Akron are major educational institutions within easy driving distance of the VA Medical Center. Major league sporting events, theatre, and contemporary music concerts are abundant, and we are the home of the Rock and Roll Hall of Fame. The Cleveland Orchestra is one of the world's greatest, performing winters in Severance Hall and summers at Blossom Music center near Akron. Playhouse Square near downtown contains four major theatres that host an array of professional productions. Lake Erie, the Cleveland Metropark's "Emerald Necklace," the Cuyahoga Valley National Recreation Area, and numerous nearby parks and recreational sites permit year-round outdoor enjoyment for the hardy as well as the more pedestrian seeker of the good life. Suburban areas with excellent school systems are within a few minutes drive of each Medical Center Campus and offer a wide range of accommodations, including apartments, condominiums and single-family dwellings. The variety of ethnic groups established in the Cleveland area adds to the community's charm as well as to its dining pleasures. The cost of housing and other living expenses is less than that found in most metropolitan areas. Interns have found it possible to live in a civilized, if not opulent, fashion; many have remained in the community to begin their professional careers.



View of Cleveland by Kristin Cassidy (with permission)

#### APPLICATION PROCEDURES

**Eligibility**: Applicants must be citizens of the United States who are performing satisfactorily in an APA accredited clinical or counseling psychology doctoral program. They must have at least 1,000 hours of supervised psychological experience beyond course practica.



#### **Procedures**:

The APPIC application is completed at the APPIC website: http://www.appic.org/.

<u>ATTACHMENTS</u>: Supplementary documents are to be scanned and uploaded to the APPIC web application in a SINGLE FILE. To assure our ability to view these documents, make a SINGLE ADOBE .PDF FILE. We require the following:

- 1. An OF612 application form for Federal employment.
- 2. An OF306 Declaration form for Federal employment. (Both of these Federal forms can be found at: http://federalgovernmentjobs.us/forms.html)
- 3. Track and Rotation preferences indicated on our LSCDVAMC Questionnaire (found at the end of this brochure).

**Optional**: Any additional supporting material the applicant wishes to submit (e.g. curriculum vitae, work samples, published articles, additional recommendations).

**Application Deadline: NOVEMBER 17th** 

#### **Applicant Interviews**

Onsite interviews are encouraged but not required by our Program, and may be offered to applicants who have a completed set of application materials by our deadline. The interview process takes a half-day. You will be informed of interview dates by DECEMBER 17. Communication with you will be by e-mail, so PLEASE INCLUDE E-MAIL ADDRESSES (both at campus and during holiday break) on your APPIC material.

#### **Requirements for Final Appointment**

Final appointment to the internship subsequent to the APPIC Computer Match is contingent upon passing a routine physical examination, background security check, and possibly a random drug screening, as is true at all VA internships. An oath of office is required at the beginning of the internship.

#### **Basic Information**

Questions regarding the accreditation of the internship may be addressed to:

Office of Program Consultation and Accreditation American Psychological Association 750 First Street N.E. Washington, D.C. 20002-4242

Phone: (202) 336-5979

This internship site agrees to abide by the Association of Psychology Postdoctoral and Internship Centers (APPIC) policy that no person at this training site will solicit, accept, or use any ranking–related information from any intern applicant.

Telephone inquiries about our program are invited at (440) 526-3030 ext. 7035 or 6900. We encourage application by qualified minority group members. We participate in the current Association of Psychology Postdoctoral and Internship Centers Match Program and observe their policies, practices, and deadlines. We do not preallocate any internship positions to particular universities. Inquiries about accreditation status may also be made to the American Psychological Association, (202) 336-5979.

#### **Program Address**

Robt. W. Goldberg, Ph.D., ABPP Director of Psychology Training 116B (B) Brecksville Unit, Building 5 Louis Stokes Cleveland DVAMC 10000 Brecksville Road Brecksville, Ohio 44141

#### \*Tracks and Rotations:

The term TRACK refers to the overall concentration that each intern pursues, in Mental Health (general track) or in prespecialization tracks of Neuropsychology, Geropsychology, or Health Psychology. For APPIC purposes, interns apply to one, and only one, of our Tracks (in APPIC Match terms, a "Program").

The term ROTATION refers to a four-month, essentially full-time clinical assignment. Each of our Tracks has typical three-rotation sequences (or options of sequences) which constitute that Track. Each intern selects three rotations per year, with final determinations by the Training Committee. You must specify the <u>ONE</u> TRACK (APPIC "Program") to which you are applying at our site, but <u>three</u> ROTATIONS to fill that track.

An ENRICHMENT, as we define it, is a supplementary clinical assignment of up to 300 hours, usually pursued on a one-day per week basis over eight months, concurrent with the regular second and third rotations. Some Tracks specify potential Enrichments, as well as the basic three-rotation sequences. Enrichment placements are agreed upon by petition near the end of the first four-month rotation.

## APPENDIX A TRAINING ROTATIONS

The full range of internship rotations (of four months each) outlined below is ordinarily available each year. Updated information on availability, new rotations, and enrichment opportunities will be provided as it develops. The symbols (B), Brecksville and (W), Wade Park are used to indicate the site of an intern's training on a given rotation. If both symbols are present it indicates that the rotation training is organized across both hospital campuses, with the primary site identified by the first of the two letters. The training rotations are as follows:

#### I. MENTAL HEALTH AND SUBSTANCE ABUSE ROTATIONS

#### PSYCHOSOCIAL SKILLS PROGRAM (B)

In this rotation, interns gain experience with veterans with severe mental illness in a variety of care levels. The primary rotation occurs in the Psychosocial Residential Rehabilitation Treatment Program (PRRTP) residential unit (functionally a "step-down" unit from acute psychiatric care) and the day-hospital-format Psychosocial Skills Program (PSP; an illness management and mental health recovery skills training program). Psychology interns work with the Psychosocial Program Manager, and gain experience working in an interdisciplinary team setting, including psychiatry, nursing, social work, and auxiliary personnel. The client population presents with a broad spectrum of problems, including chronic psychotic disorders, mood and anxiety disorders, personality disorders, and co-morbid conditions. Primary professional training experiences include clinical interviewing and psychological assessment, treatment/rehabilitation planning, case coordination, and individual/group interventions with persons with severe mental illness. Each intern also participates in a program development project. Supplemental training is available for interns to work with veterans at other stage of recovery, including acute psychiatric units and outpatient settings.

#### **PSYCHIATRY DAY HOSPITAL (W)**

The Psychiatry Day Hospital, coordinated by a psychologist, consists of a multidisciplinary team representing psychology, psychiatry, nursing, and social work. The target patient population is the seriously mentally ill (e.g., schizophrenia, mood disorders, anxiety disorders, other psychotic disorders). In this rotation, the intern is considered a full member of the team. The intern's responsibilities would include case management, treatment planning, discharge planning, crisis intervention, individual therapy, co-facilitation of group therapy, consultation with inpatient wards, intake assessments, conducting psychological evaluations and providing feedback to the team and patient on the results, and writing reports. The Day Hospital typically manages approximately 15 patients at a time. The Day Hospital strives to help the severely mentally ill patient reduce the frequency of inpatient hospitalizations, decrease the length of stay on acute psychiatry wards, transition from inpatient to outpatient status, and improve compliance with medical interventions. Group therapies offered include anger management, coping skills training, medication management, and stress management with relaxation skills training. The psychology intern would have an excellent opportunity to strengthen clinical skills while being exposed to a broad psychiatric population. The intern would increase knowledge of psychotropic medications and interventions with a psychotic population.

#### RECOVERY RESOURCE CENTER (B)

The Recovery Resource Center is a Psychosocial Rehabilitation and Recovery Center (PRRC) that functions as a transitional learning environment designed to empower veterans by utilizing an individualized, person-centered approach aimed at supporting mental health recovery and integrating veterans into meaningful community roles. The center focuses on each veteran's strengths and self-determined goals to assist with the development of a personal recovery plan. In this rotation, interns will partner with a multidisciplinary team to provide psychological services for veterans with a variety of mental health diagnoses, with special emphasis on serious mental illness. Each intern will obtain professional training in a variety of psychological services: clinical interviewing, psychological assessment, individual, group and family psychotherapy, psychosocial rehabilitation planning and care coordination. The intern will gain experience in conducting, and possibly designing, a variety of skills groups and will have the opportunity to co-facilitate a family workshop series. Psychology interns will have the opportunity to work with the director of the center to implement, assess and monitor the development of the Recovery Resource Center utilizing program evaluation strategies.

#### **PSYCHIATRY UNIT (B)**

This unit provides relatively short-term intensive hospitalization and inpatient treatment as well as aftercare planning and outpatient follow-up. There is exposure to acutely disturbed behavior across a broad range of diagnostic categories. Acute schizophrenic episodes, drug-induced psychotic states, major depressive episodes, panic attack, and suicidal behaviors are among the most frequently encountered problems. Interns function as integral members of a multidisciplinary team and learn the process of differential diagnosis through judicious use of psychological tests, interviews, and other sources. Selected patients may be followed from admission, through discharge, and into outpatient treatment. In other instances, interventions are more timelimited and crisis-oriented. Interns gain exposure to a wide variety of treatment modalities, which may include individual psychotherapy, process and psychoeducational groups, and behavioral contracting.



#### **CENTER FOR STRESS RECOVERY (B)**



The Center for Stress Recovery (CSR) offers numerous treatment approaches for men and women who are experiencing posttraumatic stress disorder (PTSD). While combat and sexual assault are the most common traumas experienced by many of our veterans, there is a wide array of other traumas that bring clients to the CSR. In addition to PTSD, these veterans may present with co-morbid conditions such as: anxiety and mood disorders, addictions, sleep disturbance, somatization, malingering, psychosis, marital and family problems, as well as a wide array of personality disorders. CSR Interns will be work with one of the psychologists assigned to the unit and will function as full members of the CSR multidisciplinary treatment team. There is a wide variety of programs in the CSR, including: Residential Program, Women's Trauma Treatment Program, Male Sexual Trauma, Gulf and Iraq Wars Veterans, Outpatient Programs, Seniors Program (WWII and Korean veterans). The CSR offers a wide range of individual and group formats that employ a rich and eclectic combination of interventions, including: Acceptance and Commitment Therapy,

Dialectical Behavior Therapy, Prolonged Exposure Therapy, Nightmare Resolution work, as well as an array of mindfulness/acceptance-based, cognitive-behavioral, and psychodynamic interventions. Interns participate in short- and long-term psychotherapy groups, focused skills groups, debriefing meetings, and individual psychotherapy. Interns will have ample opportunities to assess veterans using structured interviews and self-report instruments, and to write comprehensive reports. The goal is to establish a clear symptom picture for each individual and generate objectives tailored to meet his or her treatment needs. Formal and informal supervision is ample, and interns will have frequent access to other staff concerning their patients.

#### WOMEN'S PROGRAM CENTER FOR STRESS RECOVERY (B)

The Women's Trauma Treatment Program is designed to promote the psychological well-being of women veterans coping with a wide variety of clinical issues including PTSD, MST and other comorbid disorders such as depression, anxiety and substance use disorders. The program recognizes the gender-sensitive needs of women veterans who are experiencing emotional distress as the result of childhood or adult traumatic experiences. Traumatic experiences of these women may include sexual assault, physical abuse, military trauma, traumatic accidents or natural disasters. The program consists of psychoeducational, skill-training and trauma processing components. A central focus of treatment is the mastery of impulses, improved emotional regulation, increased self-acceptance, empowerment and self-efficacy. The treatment team utilizes a variety of psychological models to foster recovery from PTSD including components of Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Dialectical Behavior Therapy (DBT), and Seeking Safety (a successful treatment for PTSD and substance abuse). The program is geared to address particular mental health needs via individual and group psychotherapy, and peer support that empowers women build a more worthwhile life. This rotation will offer interns the opportunity to enhance psychotherapy skills, to learn specific trauma resolution techniques, provide oneto-one case management needs particular to mental health, and to conduct comprehensive assessment interviews.

#### **VETERANS ADDICTION RECOVERY CENTER (VARC) (B)**

Substance abuse rotations are in the Veterans Addiction Recovery Center (VARC). VARC offers a variety of programs for veterans who have a substance dependence or impulse control disorder. Veterans

participating in VARC programming complete an initial assessment tailored to the patients' needs, treatment recommendations, and subsequent treatment aligned with their assessment results. Treatment modes range from brief intervention to intensive residential programming. In addition to primary treatment for substance dependence, the VARC unit has specialized programs in Gambling Treatment, Opioid Substitution, and Women Veterans Addictive Behavioral Treatment program. Both residential and outpatient treatment is available, with ongoing aftercare following the initial intensive phase of treatment.



#### **GAMBLING TREATMENT PROGRAM (B)**

This 35 year-old program, the first in the nation addressing gambling as an addictive disorder, draws referrals nationally, including from the Department of Defense. It includes eight residential rehabilitation beds with a 28-day length of stay, aftercare and outpatient services. Programming follows a structured evidenced-base manual and incorporates peer support and Gamblers Anonymous. The program is headed by a psychologist and has its own program evaluation staff. Research and scholarly activity on the has been presented at national and international forums. Interns serve as co-therapists in daily group psychotherapy and individual work as needed. They are encouraged to participate research and program evaluation.

#### WOMEN'S ADDICTION TREATMENT PROGRAM (B)



This is a specialized program designed to meet the unique needs of women veterans diagnosed with substance use issues within a multidisciplinary treatment setting. The veterans in this program consist only of women. A significant number of these women also have co-occurring concerns, such as problems with more than one substance, mood disorders, anxiety disorders (predominantly Post Traumatic Stress Disorder), and personality disorders (predominantly Borderline Personality Disorder). The program is a residential treatment program, followed by a continuing care component, with the primary treatment modality being

group counseling/therapy. The therapeutic interventions consist of evidence-based treatments, including but not limited to motivational interviewing, cognitive-behavioral interventions, and 12-step facilitation.

These interventions are implemented through the use of structured program materials. Intern responsibilities would include group facilitation, seeing individual clients, conducting psychosocial assessments, forming diagnostic impressions, and treatment planning. There are also opportunities to incorporate an intern's particular interests into the rotation , such as involvement in program development, participation in leadership opportunities, conducting personality assessments, and attending specialized trainings in substance use disorder treatment.



#### II. HEALTH PSYCHOLOGY ROTATIONS

#### **GENERAL MEDICINE CLINICS (W)**

Psychologists serve as staff members in the General Internal Medicine (GIM) Firm system, an interdisciplinary, primary care, preventive health model. The psychology intern is instrumental in assessment and treatment of biobehavioral problems such as gastrointestinal disorders, tobacco abuse, obesity, impotence, somatoform disorders, and other psychological problems and he/she follows a small number of outpatients for short-term psychotherapy. Interns work very closely with medical attending physicians, residents, nurse practitioners, -Podiatry, -



Optometry, Dietetics, Audiology/ Speech Pathology, and Social Work. The intern participates as a facilitator in interdisciplinary Shared Medical Appointments for both hypertension and diabetes. The intern also participates in the Morbid Obesity Clinic (an interdisciplinary psychoeducational group for weight loss), an HIV Support Group, a Preventive Medicine Clinic (a resident teaching clinic where patients are assessed and treated for tobacco abuse, obesity, and non-adherence), a Women's Health Clinic, and a sleep clinic. Interns become proficient in evaluating potential candidates for bariatric surgery and bone marrow transplantation. Interns are also invited to attend various lectures, case conferences, and journal clubs sponsored by the Department of Medicine. Research is a requirement of the rotation.



#### PAIN MANAGEMENT CENTER (W)

The Pain Management Center is a Section of the Anesthesiology Service at Wade Park. There is a strong emphasis on regional anesthetic interventions. Besides Anesthesiology, the core treatment team is drawn from the Nursing and Psychology professions. The Psychology Section of the program is involved in the behavioral/psychometric assessment of new patients for the purpose of evaluating appropriateness for opioid analgesics, spinal cord stimulation, and other implantable devices. The electroanesthetic techniques of Transcutaneous Nerve Stimulation and Neuroprobe are executed by the Psychology Section. Although the model of the Center is primarily consultative, there is opportunity for the psychology intern to follow select patients on a time-limited basis for behavioral management of pain utilizing techniques such as relaxation training, biofeedback and hypnosis. The intern will also be involved in co-

directing the psychoeducation groups that cover topics such as electrotherapy modalities, pharmacologic principles and cognitive/physiologic self-regulative techniques. While independent research is not a requirement of the rotation, the field of pain management provides many opportunities for investigation, and this is encouraged.



#### CARDIOLOGY/ORGAN TRANSPLANT (W)

The Cardiology rotation provides interns with a broad range of experiences and the opportunity to work as a member of a multidisciplinary health care team that includes cardiologists, residents, nurse practitioners, social workers, and rehabilitation professionals. Interns on this rotation participate in the service's shared medical clinics and gain detailed knowledge in both psychological and medical aspects of cardiac illness. Interns selecting the cardiology rotation follow a small caseload of patients for short-term psychotherapy and address a variety of psychosocial issues

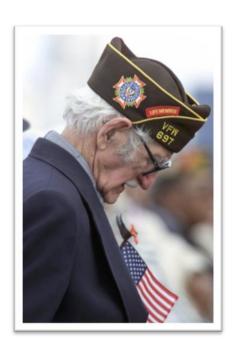
including assessment of risk factors, treatment of adherence problems, development of coping strategies, as well as associated depression/anxiety. Support groups are held monthly for patients in the clinic to provide medically relevant education and support. The rotation also provides exposure to the psychosocial problems of hospitalized, critically ill patients and their families,. Interns gain experience in assessing and treating a variety of problems including acute depression/anxiety, delirium, pain, and bereavement.

As a member of the organ transplant team, interns prepare comprehensive psychosocial evaluations of veterans referred for heart, lung, liver, and kidney transplants within the healthcare system. Assessment focuses on patient risk factors, coping resources, social support, and adherence to treatment regimens. Transplant candidates may participate in short-term individual or group psychotherapy that focuses on managing the demands of physicians, residents, nurse practitioners, and other healthcare professionals, in determining transplant candidacy and providing pre-transplant and post-transplant care. Experience in objective assessment measures including the MMPI-2 and BDI-II are beneficial.

Research is required on the cardiology/transplant rotation and interns may elect to join other professional on existing projects or choose to develop their own areas of scholarly interest.

#### **GEROPSYCHOLOGY (W)**

Interns in the Geropsychology rotation gain experience in the assessment, care and management of the elderly veteran in different settings as a valued member of the geriatric multidisciplinary treatment team. Psychological services are provided to an 8-bed inpatient Geriatric Evaluation and Management (GEM) Unit and to the Geriatric Outpatient Primary Care Medical Clinic. Interns are involved in psychological and cognitive assessment of the patients. Individual, marital, and family therapy are frequently utilized to help veterans and their families cope with a wide variety of difficulties including medical, neurological, and psychiatric illness. Interns also help staff manage and treat patients more effectively by direct intervention or staff training. Interns are able to build and maintain therapeutic relationships with patients in this rotation. Interns learn to evaluate and address issues specific to the aging population, including issues such as competency, placement, grief and loss, end-of-life issues, social dynamics, dementia, delirium, behavioral issues, loss of driving privileges, and psychosis. Interns



gain understanding of medical conditions, procedures and medications, and the impact they have on elder patients' cognition and emotional status. Interns also explore issues of diversity and ethics related to this population, and the resulting impact on treatment. Interns work directly with medical staff and various other disciplines on the treatment team, and learn to function as team members. Research opportunities are available and encouraged.

#### CENTER FOR LIVING IN THE COMMUNITY (B)

The rotation at the Center for Living in the Community (CLC) will address mental, physical and



emotional issues as pertains to adults and older adults. Interns will learn to: (1) recognize age-related physical and psychosocial changes and stressors (i.e. adjustment disorders, mood disorder, behavioral health, substance abuse, serious mental illness, (2) describe the assessment of physical and psychosocial function in the older adult, (3) identify factors that distinguish between reversible confusion and dementia, (4) recognize the altered effects of medication on the older adult population and the implications of care with regards to medical interventions, and (5) learn principles of hospice and palliative care. The rotation will also provide experience with techniques and coping skills for

family caregivers who are going through life role transitions of their loved ones.

#### SPINAL CORD INJURY AND DISORDERS UNIT (W)

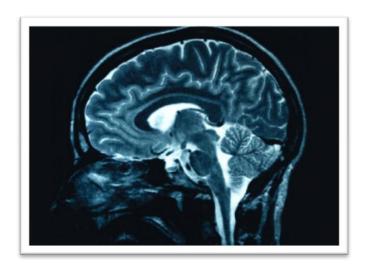
This is a new designated Center of Excellence for comprehensive medical care and rehabilitation of veterans with spinal cord injuries (SCI). This rotation offers experience in providing psychological services to people with disabilities, including diagnostic evaluation, psychotherapy process and psychoeducational groups, and behavioral contracting. Interns will become familiar with the medical aspects of SCI as well as the acute and long-term psychological problems associated with this disability, such as depression, anxiety, and substance abuse. The rotation emphasizes working within an



interdisciplinary team in order to promote positive treatment outcomes and program development. Interns interested in acute medical or rehabilitation settings may benefit from the rotation.

#### III. NEUROPSYCHOLOGY ROTATIONS (W & B)

Neuropsychology rotations are available at either the Wade Park or Brecksville Campuses. In contrast to the Wade Park Campus (with emphasis on Neurology, rehabilitation, and case management), at the Brecksville Campus there is greater emphasis on differential diagnosis in patients whose primary diagnoses are psychiatric but who typically have additional neurological complications. There is a substantial emphasis on required background readings in neuroscience and related fields as well as readings conceptually targeted to particular cases and their relevant differential diagnostic issues. Considerable time is spent delineating cognitive mechanisms underlying impaired performance and how this relates to neuroimaging, radiological, neurological and neuropsychiatric data. Research opportunities are available.



## APPENDIX B QUALIFICATIONS AND INTERESTS OF PARTICIPATING STAFF

ABOOD, Laura M., Ph.D., University of New York at Binghamton, 1993. Assignment: Geriatric Medicine (Geriatric Outpatient Clinic and Geriatric Evaluation and Management Unit), Major Preceptor, Clinical Psychology Postdoctoral Residency, Special Emphasis in Geropsychology. Theoretical orientation: eclectic, primarily cognitive-behavioral and family systems. Clinical specialization: geriatric behavioral medicine; health psychology; individual, marital and family therapy. Teaching and supervision interests: aging, health psychology, psychotherapy. Research interests: Issues related to aging and health psychology including geriatric driving evaluations and a drug study involving treatment of dementia. Professional organizations: American Psychological Association, Ohio Psychological Association, Gerontological Society of America. Also: Clinical Assistant Professor of Psychology at Case Western Reserve University.

**BAGLEY, Cherie A., Ph.D.**, University of Illinois, 1989. Assignment: Brecksville and Wade Park Outpatient Clinics. Theoretical orientation: psychodynamic, social learning. Clinical specialization: individual, group, family therapy, multicultural, aging, physical, sexual & emotional abuse women's issues. Publications: infertility, African American families, women and religion, racial identity, problem solving, Africans and African Americans, poetry. Research interests: Ethnicity, Eating disorders, Families Personality, and Aging. Professional Organizations: American Psychological Association (Divisions: Counseling, Ethnic Affairs), Alpha Kappa Alpha Sorority. Teaching and supervision interests: culture, gender, career, family, aging issues. Licensure: 1991 Iowa, 1995 Ohio. Certifications: 1996 Health Service Provider in Psychology (HSPP) (Iowa), 1996 Chemical Dependency Counselor III (Ohio).

**BERMAN, Susan P., Ph.D.**, University at Buffalo, 1991. Assignment: Hematology/Oncology, Renal Services. Theoretical Orientation: psychodynamic. Clinical specialization: individual and group psychotherapy, addictions. Professional organizations: American Psychological Association, Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, psychodynamic psychotherapy, addictions.

BISCARO, Michael, J., Psy.D., Xavier University, 2005. Assignment: Director, Recovery Resource Center. Theoretical Orientation: Integrative with emphasis on cognitive behavioral, dynamic, and systems theories. Clinical specializations: forensic psychology, psychosocial rehabilitation and the recovery model for serious mental illness, group and individual therapy, and psychological assessment. Clinical and Research Interests: evidence-based practices in treating serious mental illness, process/outcome in psychosocial rehabilitation and recovery, and forensic evaluation. Publications: self-efficacy, alcohol expectancy and problem-solving appraisal as predictors of alcohol use in college students in college student journal, vol. 38, 2004. Professional Organizations: American Psychological Association. Teaching and Supervision Interests: psychosocial rehabilitation and the recovery model, evidence-based practice in SMI, group and individual psychotherapy, psychological assessment and forensic psychology. Professional activities outside the VA: forensic consultant for the Psycho-Diagnostic Clinic and Cuyahoga County Juvenile Court.

**BROWN, Tina, Psy.D.** Xavier University, 2004. Certificate in Organizational Concepts and Management. Assignment: Center for Stress Recovery outpatient program and Women's Trauma Treatment Program. Theoretical Orientation: Eclectic, psychodynamic with appreciation for Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT). Clinical specialization: psychosocial rehabilitation for serious mental disorders; developing evidence-based programming; Clinical and Research Interests: psychotherapy outcome measures; application of mindfulness to individual and group psychotherapy; clinical diagnostic

assessment. Presentations/Publications: recovery from serious mental disorders: evidence-based practices in psychosocial rehabilitation. Professional Organizations: American Psychological Association. Teaching and supervision interests: group and individual psychotherapy utilizing DBT framework, mindfulness techniques and evidence-based practices within outpatient services for women with PTSD.

CHAPMAN, Heather A., Ph.D., Kent State University, 1997. Assignment: Deputy Directory, Veterans Addiction Recovery Center; Major Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Substance Abuse. Theoretical Orientation: Psychodynamic conceptualization with use of cognitive-behavior techniques. Clinical specialization: Addictions, dual-diagnosis, group and individual psychotherapy, and clinical research. Publications: Addictions, Dual-Diagnosis, Depression, and Schizophrenia. Current research interests: Pathological gambling, personality, dual diagnosis. Professional Organizations: National Council on Problem Gambling. Other professional activities outside VA: independent practice, professional consultation and supervision for the treatment of pathological gambling, training and presenting on the diagnosis and treatment of pathological gambling, certified Art Therapist. Teaching and supervision interests: Addictions, group dynamics, individual and group psychotherapy for the treatment of addiction.

CHERNYK, Benita., Ph.D., Kent State University, 1989. Assignment: Employee Assistance Program/Compensation and Pension Examinations. Theoretical Orientation: Cognitive-Behavioral, systems, solution-focused. Clinical Specialization: Crisis incident stress, employee wellness, dual diagnosis, primary care psychology. Professional Activities Outside the VA: Private sector psychotherapy/consultation. Completed academic coursework, Clinical Psychopharmacology, Fairleigh Dickinson University. Past executive board member: National Alliance of the Mentally III (NAMI) Greater Cleveland and Employee Assistance Professional Association (EAPA), Greater Cleveland. Develop/implement private sector employee assistance program. Psychological consultant to healthcare industry on issues of mental health quality assurance, provider credentialing, high-risk case management, development of protocol for bariatric (pre-surgical) psychological assessments. Specialized training in chemical dependency, sexuality issues, critical incident stress management (CISM), group and family psychotherapy. Publications/Presentations: Binge-eating, sexuality issues, behavioral health case management of medical problems, solution-focused couples therapy. Professional Organizations: Listed Member, National Register, Member, American Psychological Association; Member, Employee Assistance Professional Association, American Society for Advancement of Psychopharmacology. Teaching and Supervision Interests: Critical incident stress management/debriefing, individual and group psychotherapy, high-risk case management.

**DELAMATRE, James, Ph.D.**, University of Akron, 1995. Assignments: Section Chief, Assessment and Consultation Section; Director, Employee Assistance Program; Coordinator, Mental Health Compensation and Pension Evaluations; Lead Clinician, Tobacco Cessation; Chair, Police Evaluation Committee; Secretary, Psychology Professional Standards Board. Theoretical orientation: Integrative eclectic. Clinical specializations: assessment, health psychology. Publications and research interests: clinical use, theoretical validity, and psychometric properties of assessment instruments. Professional organizations: Association of VA Psychology Leaders. Teaching and supervision interests: assessment and evaluation, individual and group psychotherapy.

**DESMARAIS, Karen M., Ph.D.,** The University of Akron, 1999. Assignment: Veterans Addiction Recovery Center, Women's Addiction Program Team Leader. Theoretical Orientation: eclectic, cognitive-behavioral. Clinical specialization: individual and group psychotherapy, women's issues, substance use issues. Professional organizations: American Psychological Association, Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, cognitive-behavioral interventions, substance use issues, professional issues.

**DIXON, Thomas, Ph.D.,** Case Western Reserve University, 1989. Assignment: SCI Unit/General Rehabilitation. Theoretical orientation: Eclectic. Clinical specialization: Rehabilitation Psychology.

Publications: traumatic brain injury, self-awareness. Research interests: community integration following disability, applied personality and social psychology. Professional organizations: APA, American Association of Spinal Cord Psychologists and Social Workers. Teaching and supervision interests: adaptation to disability, working on interdisciplinary teams.

**ECHOLS, Mary Ann, Ph.D.**, Kent State University, 2000. Assignment: Youngstown Outpatient Clinic. Theoretical orientation: Psychodynamic and Cognitive-Behavior. Clinical specialization: Individual and group psychotherapy, Post Traumatic Stress Disorder, Smoking Cessation. Research interests: trauma recovery, women's mental health issues, spirituality in therapy, anger and stress management, and psychological assessment. Professional Organizations: American Psychological Association. Professional activities outside the VA: Private practice, community program speaker, and workshop presenter.

GIDEON, Clare, Ph.D., Case Western Reserve University, 2007. Assignments: Geriatric Outpatient Clinic and Dementia Caregiver Support Group, Community Living Center (Nursing Home), Gastroenterology/Hepatitis C Clinic, Sleep Disorders/Pulmonary Clinic, Hospice/Palliative Care Team, and Consult-Liaison Psychiatry Service. Theoretical orientation: Primarily cognitive-behavioral with an emphasis on behavioral intervention. Clinical specialization: behavioral medicine; health psychology; capacity evaluation and cognitive assessment; individual and family therapy, consultation. Teaching and supervision interests: mood and cognitive issues related to aging and medical conditions, dementia caregiving, hospice/bereavement/end-of-life issues, consultation with medical services, and a variety of health psychology topics. Research interests: aging and health psychology including geriatric driving evaluations, pharmacological treatment of dementia, efficacy of PET scan for diagnosis of dementia, and prevalence of visual impairment and quality of life in geriatric veterans. Professional organizations: National Resister of Health Service Providers in Psychology; American Psychological Association, including Division 12 – Society for Clinical Psychology, Division 20 – Adult Development and Aging, Division 38 – Health Psychology; Gerontological Society of America; Psychologists in Long Term Care; Ohio Psychological Association.

GOLDBERG, Robert W., Ph.D., University of Michigan, 1971. Diplomate - Clinical (ABPP), Diplomate-Forensic (ABPP), Distinguished Practitioner in Psychology, National Academies of Practice. Assignment: Team Leader, General Psychiatry Services; Associate Chief, Section Chief, (Academics, Education, & Training), Director of Psychology Training. Theoretical orientation: psychodynamic. Clinical specialization: individual and group psychotherapy, psychological assessment, forensic psychology, psychoanalytic theory. Publications: history of professional psychology, negative outcomes of therapy, personality assessment, ego development and object relations. Research interests: Rorschach validity, malingering. Academic appointments: Adjunct Associate Professor of Psychology, Kent State University; Adjunct Associate Professor of Psychology, Case Western Reserve University; Clinical Assistant Professor of Psychiatry, Case Western Reserve University, School of Medicine. Professional activities outside of the VA: independent practice; Past President, APA Division 18 (Public Service); past Corresponding Secretary, American Board of Forensic Psychology; past Secretary, Board of Directors, Association of Psychology Postdoctoral and Internship Centers; Past Chair, VA Section 3, APA Division 18; Editor, The ABPP Specialist; Editor, APPIC e-Newsletter. Professional organizations: American Psychological Association (Fellow), Ohio Psychological Association, American Academy of Forensic Psychologists (Fellow), Academy of Clinical Psychologists (Fellow), American Psychology-Law Society, National Acadamies of Practice. Teaching and internship supervision interests: psychodynamic psychotherapy, projective assessment, forensic consultation.

**HARMON, Julie, Ph.D.**, Wayne State University, 1992. Assignment: Facility Recovery Coordinator; Major Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Psychosocial Rehabilitation with Seriously Mentally Ill. Theoretical Orientation: cognitive-behavioral with

appreciation for holistic approach. Clinical specialization: mental health recovery; psychosocial rehabilitation and evidence-based practices for persons with severe mental illness; psychological assessment (cognitive, personality, projective, and diagnostic); individual and group psychotherapy. Research interests: illness management and recovery outcomes; evidence-based treatment modalities for severe mental illness; treatment outcome in addictive behaviors, classification and treatment outcome in schizophrenia. Presentations/Publications: motivation for change and co-occurring disorders (addiction and severe mental illness) outcomes, mental health recovery and recovery-oriented practice, ethical principles and code of conduct for psychologists, regulatory outcomes for professional psychology in Ohio, professional boundaries, assertive community treatment, treatment outcome in cocaine addicts, neuropsychological functioning in Tourette's Syndrome. Professional organizations: Member, Ohio State Board of Psychology (2004-2009); American Psychological Association. Teaching and supervision interests: mental health recovery and psychosocial rehabilitation; psychosis and severe mental illness, clinical differential diagnostic assessment, including utility of the Rorschach; individual and group psychotherapy.

HARVEY, Daniel J., Ph.D., Nova Southeastern University, 2007. Assignment: Neuropsychology Section, Wade Park. Theoretical orientation: Disease impact/syndrome oriented approach employing fixed/flexible assessment strategies. Clinical specialization: Neuropsychological assessment of neurological disorders, Polytrauma assessment, geriatric/competency assessment. Research interests: Neuropsychology of mild traumatic brain injury, neurodegenerative disorders, epilepsy, and normal aging; neurobehavioral basis of PTSD. Professional Organizations: International Neuropsychological Society, National Academy of Neuropsychology, American Psychological Association (Division 40 – Clinical Neuropsychology). Teaching and supervision interests: Neuropsychological assessment, neuropathology and functional neuroanatomy, statistical issues in assessment, cognitive screening in the hospital setting, psychological assessment.

**JOLLY, Jacqueline, K. Ed.D.**, University of San Francisco, 2000. Assignment: Wade Park Outpatient Psychiatry Clinic. Theoretical orientation. Cognitive-Behavioral, Family and Organizational Systems, Brief Psychodynamic such as Time-Limited Dynamic Psychotherapy (TLDP). Clinical Specialization: Dual diagnosed and seriously mentally Ill, assessment, psychotherapy with individual, family, couples and groups. Research: Nonverbal Creative Abilities in Cognition, outcomes research. Teaching and internship supervision interests: prevention, psychotherapy, counseling.

**KENNY, John T., Ph.D.,** Fordham University, 1975. Diplomate-Clinical Neuropsychology (ABPP). Assignment: Neuropsychology Section, Major Preceptor, Clinical Neuropsychology Postdoctoral Residency Program. Theoretical orientation: functional systems. Clinical specialization: clinical and neuropsychological evaluation, geriatric assessment, forensic assessment. Academic appointment: Assistant Professor of Psychiatry, Case Western Reserve University. Research interests: neuropsychological functioning in psychosis. Professional organizations: American Psychological Association, International Neuropsychological Society, Cleveland Neuropsychological Society.

**KOENIG, H. Fred, Ph.D.,** University of Kansas, 1973. Assignment: Canton Outpatient Clinic. Theoretical orientation: cognitive-behavioral, Gestalt. Clinical specialization: individual and PTSD, stress management, smoking cessation. Academic appointment: Clinical Assistant Professor, Department of Psychology, Case Western Reserve University. Research interests: effects of meditation on hypertension. Professional organizations: American Psychological Association. Teaching and internship supervision interests: stress management, communication skills, and PTSD.

**KOZLOWSKI**, Neal, Ph.D., Loyola University Chicago, 2003. Assignments: Team Leader for Psychosocial Skills Program, Brecksville outpatient clinic. Theoretical orientation: experiential, cognitive-behavioral. Clinical specialization: Serious mental illness, dual diagnosis, addictions.

Teaching and research interests: Dual diagnosis treatment, cognitive rehabilitation of schizophrenia, management of mentally ill criminal offenders, management of confidentiality and HIV, ethical issues in the training of psychology graduate students.

KRIEGER, Seth, Psy.D., Georgia School of Professional Psychology at Argosy University, 2004. Assignment: Home Based Primary Care. Theoretical Orientation: Eclectic, Cognitive Behavioral and Psychodynamic. Clinical Specialization: Behavioral Medicine, compliance with medical care, relaxation training, biofeedback, pain management, treatment of psychological factors affecting physical health, treatment of sleep disorders and presurgical evaluation. Research interests: Ethical considerations affecting healthcare and quality of life, personality disorders, health psychology and relaxation training. Professional Organizations: American Psychological Association. Teaching and supervision interests: Ethics, sleep disorders, individual therapy, and health psychology.

MAKO, Thomas J., Ph.D., Kent State University, 1990. Assignment: Youngstown Outpatient Clinic. Theoretical orientation: Psychodynamic and Cognitive. Clinical specialization: Individual and group psychotherapy, PostTraumatic Stress Disorder, Smoking Cessation. Publications: career exploration, narcissism, anxiety. Research interests: physical/sexual/emotional abuse, trauma recovery, self-concept/self-esteem. Professional organizations: Ohio Psychological Association. Professional activities outside of the VA: Assistant professor, Walsh University. Private practice. Academic appointment: Adjunct faculty, Walsh University. Teaching and supervision interests: Psychodynamic and cognitive psychotherapy, anxiety disorders.

MCCUTCHEON, Kevan, Ph.D., University of Cincinnati, 1989. Assignment: Center for Stress Recovery; Major Preceptor, Clinical Psychology Postdoctoral Residency, Special Emphasis in PTSD; Consultant to nationwide roll-out of Acceptance and Commitment Therapy. Theoretical orientation: Eclectic. Clinical specializations: Acceptance and Commitment Therapy (ACT); Linehan-trained in dialectical behavior therapy; Application of mindfulness to individual and group psychotherapy; manualization of treatment of veterans with PTSD, character disorders, and/or addictions; couples therapy. Professional Organizations: Association for Contextual Behavioral Science; American Psychological Association; Ohio Psychological Association. Teaching and supervision interests: experiential approaches, ACT; DBT; mindfulness and spiritual aspects of psychotherapy. Professional activities outside the VA: private practice.

**PADIN-RIVERA, Edgardo Ph.D.,** Vanderbilt University, 1987. Assignment: Chief, Psychology Service, Acting Director, Center for Stress Recovery. Clinical specialization: PTSD interventions; addiction rehabilitation counseling. Research interests: change and intervention variables in group processes; variables associated with addiction and compulsive behaviors; PTSD Interventions. Professional Associations: International Society for Traumatic Stress Studies (ISTSS). Teaching and supervision interests: PTSD treatment, group process; systems consultation; addiction and compulsive behaviors; alternative intervention paradigms.

RIDLEY, Josephine, Ph.D., West Virginia University, 1997. Assignment: Coordinator, Psychiatry Day Hospital. Theoretical Orientation: Behavioral, cognitive-behavioral, integrative. Clinical specialization: diagnosis and treatment of anxiety disorders, PTSD, treatment of psychotic disorders, background in neuropsychology and behavioral medicine; behavior therapy, diagnosis and treatment of addictions including pathological gambling; treatment of minorities. Publications: Anxiety sensitivity. Research interests: Anxiety Disorders, PTSD, ethnic issues. Professional organizations: Association for the Advancement of Behavior Therapy (AABT). Teaching and supervision interests: assessment and treatment of the seriously mentally ill, anxiety disorders, cross-cultural and ethnic therapy.

**RUFF, Suzanne, Ph.D.,** Case Western Reserve University, 1993. Assignment: SCI/General Rehabilitation. Theoretical orientation: Cognitive-behavioral. Clinical specialization: Behavioral Medicine with sub-

specialization in pain management. Research interests: Pain management, patient education, clinician education, non-pharmacological pain management techniques. Teaching and supervision interests: pain assessment; patient advocacy; staff communication issues; patient education; group education and process in pain management; addiction vs. undertreated pain. Professional interests outside of VA: independent practice.

SCHAUB, Kimberley K., Ph.D. Indiana State University, 2003. Assignment: Cardiology Clinic, Organ Transplant Teams (heart, liver, lung, kidney), Bioethics Committee. Theoretical orientation: Interpersonal Process Approach, Cognitive-behavioral. Clinical Specialization: Health psychology with an emphasis on the assessment and treatment of psychological factors associated with hypertension and cardiac illnesses, adherence, and psychological correlates of organ transplantation. Research interests: Interdisciplinary education, the chronic care model, the role of shared medical clinics in health related outcomes and multidisciplinary training, psychological factors in the treatment of hypertension, heart failure, diabetes, and cardiac rehabilitation. Professional Activities: Case Western Reserve University's National Heart Failure Training Program (NHeFT). Professional Organizations: American Psychological Association, Ohio Psychological Association. Professional Interests: Health psychology education and supervision, interdisciplinary training, shared medical clinics, chronic care model.

SERNA, George S., Ph.D., University of Akron, 2004. Assignment: Brecksville Neuropsychology. Neuropsychological orientation: Disease Impact/Syndrome Oriented approach. Clinical Specialization: Neuropsychological assessment, geriatric/competency assessment, and Assessment of TBI. Research interests: Biological versus socially-influenced structure of personality, TBI and PTSD in OEF/OIF veterans exposed to blast wave injuries. Professional Organizations: American Psychological Association (Division 6 – Behavior Neuroscience and Comparative Psychology & Division 40 - Clinical Neuropsychology), International Neuropsychological Society, National Academy of Neuropsychology. Academic Appointment: Clinical Instructor of Psychiatry, Case Western Reserve University School of Medicine. Teaching and supervision interests: Cognitive/neuropsychological assessment with geriatric patients with cormorbid psychiatric illness and/or dementia as well as individual and group therapy with this population.

SHURELL, Richard, J., Ph.D., Kent State University, 1979. Assignment: Brecksville Outpatient Psychiatry Clinic. Theoretical orientation: eclectic, combining cognitive and psychodynamic perspectives. Clinical specialization: individual assessment and treatment, forensic psychology, suicidology, consultation in high-risk and disruptive patients. Educational activities: team building, stress management, prevention and management of disruptive behavior, dealing with anger and aggression, coping with difficult people. Academic Appointment: Adjunct Assistant Professor, Kent State University. Professional activities outside of the VA: Private practice. Internship supervision interests: individual therapy, psychological assessment.

**SMITH, Suzanne, Ph.D.**, Ohio University, 2003. Assignments: Smoking Cessation Clinic, HIV Clinic, Hepatitis C Clinic, Primary Care Clinic Theoretical Orientation: Eclectic, Cognitive-behavioral and Psychodynamic. Clinical Specialization: Health psychology with emphasis in behavioral health assessment, smoking cessation, compliance with medical care, adjustment to medical conditions, issues of death and dying, stress management, relaxation training, and chronic pain management. Publications and Research Interests: Health-related quality of life, Chronic pain management, Families and chronic pain. Teaching and Supervision Interests: Behavioral health assessment, behavioral medicine interventions, group therapy, individual therapy.

STAFFORD, Kathleen P., Ph.D., Clinical Psychology, Kent State University, 1977. Diplomate – Forensic Psychology (ABPP). Assignment: Veterans Addiction Recovery Center. Theoretical orientation: Cognitive-Behavioral. Clinical Specializations: psychological assessment, individual and group psychotherapy, forensic psychology, addictions, risk assessment, evaluation of competencies. Academic appointment: Adjunct Associate Professor of Psychology, Kent State University. Research Interests: psychological competencies, psychological assessment, mandated treatment. Professional Activities: Past President, American Board of Professional Psychology; Past Chair, APA Ethics Committee. Presentations/Publications: Book chapters on

civil commitment, mandated outpatient treatment, evaluation of trial competency and of criminal responsibility, and psychological testing. Articles in refereed journals on mental health courts, symptom validity tests, and personality inventories. Presentations on ethics, evaluation of psycho-legal competencies, psychological assessment and mandated treatment. Professional Organizations: American Psychological Association, Divisions 12 and 41; APA Ethics Committee, 1996-1999 (Chair 1998-1999); American Academy of Forensic Psychology (President, 1994–1996); American Board of Forensic Psychology (Board of Directors, 1996–2002; President, 2001-2002); American Board of Forensic Psychology Examination Faculty, 2006-2010. Teaching and Supervision Interests: Psychological assessment, forensic psychology, individual and group psychotherapy, risk assessment, professional standards and ethics.

STRAUSS, Gerald J., Ph.D., Kent State University, 1990. Assignment: Section Chief, Health Psychology; General Internal Medicine, Women's Health Clinic, Morbid Obesity Clinic, Co-Director of Bariatric Surgery Program, Managing Overweight in Veterans Everywhere (MOVE) Program Champion; Major Preceptor, Clinical Psychology Postdoctoral Residency Special Emphasis in Primary Care and Specialty Medicine Health Psychology. Theoretical orientation: eclectic, cognitive-behavioral. Clinical specialization: health psychology with emphasis in promotion of healthy behaviors, smoking cessation, weight reduction, stress management, and treatment of psychological factors affecting physical health, preceptor faculty member in General Medicine Resident Ambulatory Clinic (Preventive Medicine), facilitator in shared medical appointments for diabetes and hypertension. Research interests: bio-behavioral risk factors, psychosocial interventions to improve functional status of prostate cancer patients, stages of change and motivations affecting health behaviors, morbid obesity, psychological factors in the treatment of diabetes, use of shared medical appointments for diabetes in high risk patients, and the chronic care model of interdisciplinary treatment . Professional activities outside the VA: Private practice with emphasis on health psychology and exercise / sports psychology, Assistant Professor of Medicine and Associate Director of Inquiry Groups Program CWRU School of Medicine. Professional organizations: American Psychological Association, Ohio Psychological Association (Past President, Former Chair of Advocacy Committee, Former Task Force Chair on Prescription Privileges), Society of Behavioral Medicine, Akron Area Professional Psychologists. Professional interests: prescription privileges for psychologists, public policy, social justice. Teaching and internship supervision interests: motivational interviewing, health psychology, chronic care model.

**THOMAS, Farrah M., Psy.D.**, The Chicago School of Professional Psychology, 2005. Assignment: Physical Medicine & Rehabilitation – in-patient; solid organ transplant teams (heart, liver, lung, kidney); General Internal Medicine; Bioethics Committee. Theoretical Orientation: Behavioral and Cognitive-Behavioral. Clinical Specialization: Health psychology, individual and group psychotherapy, behavioral medicine, coping with chronic medical conditions, stress management, relaxation training, adherence, and chronic pain management. Professional Activities Outside the VA: Pediatric private practice with emphasis on health psychology, depression, anxiety, Autistic Spectrum Disorders, chronic medical conditions, stress management, relaxation training, and social skills training. Privileges at Fairview Hospital – member of Fairview Pediatric Department. Professional Organizations: American Psychological Association & recognized by National Register for Health Service Providers in Psychology. Teaching & Supervision Interests: health psychology, coping with chronic medical conditions, working with multidisciplinary teams.

**VAN KEUREN, Cynthia, Psy.D.** Xavier University, 2003. Assignment: Pain Management Center. Theoretical Orientation: cognitive behavioral. Clinical Specialization: pain management, biofeedback, group and individual therapy, assessments, and consultations. Research Interests: PTSD, addiction, and pain management. Professional Organizations: American Psychological Association. Teaching and supervision interests: assessment, individual and group psychotherapy.

**WEISS, Kenneth M., Ph.D.,** University of Exeter (England), 1969. Assignment: Brecksville Outpatient Psychiatry Clinic. Theoretical orientation: cognitive/behavioral/experimental. Clinical. specialization:

cognitive function in schizophrenia. Academic appointment: Adjunct Assistant Professor, Department of Psychology, Case Western Reserve University; Publications: conditioned emotional behavior, behavior chains, cognitive function in schizophrenia, conceptual approaches to research and treatment in schizophrenia. Research interests: cognitive performance and rehabilitation in schizophrenia. Professional organizations: American Psychological Association, American Psychological Society, American Association of Applied and Preventative Psychology, Society for Research in Psychopathology. Teaching and internship supervision interests: Schizophrenia. research.

**WOOD, Rita, Psy.D.**, Forest Institute of Professional Psychology, 2003. Assignment: Akron Community Outpatient Services and Akron Home-Based Primary Care program. Theoretical Orientation: eclectic, primarily cognitive-behavioral orientation. Clinical specialization: individual and group psychotherapy, seriously mentally ill, assessment, and substance abuse. Professional organizations: American Psychological Association and Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, assessment, and evaluation.

YAMOKOSKI, Cynthia, Ph.D.,. University of Akron, 2006. Assignment: Center for Stress Recovery, Residential Treatment Program. Theoretical orientation: integrative with predominant components of cognitive-behavioral and humanistic orientations. Clinical specialization: PTSD assessment and treatment, suicidology. Publication/research interests: PTSD, suicidal thoughts and behaviors, interaction of cognitive processes and affect/emotions in psychological disorders, therapist self-care. Professional membership: American Psychological Association. Training/supervision interests: individual and group psychotherapy, evidence-based practices, diagnostic assessment.

**YAHNEY, Eric Ph.D.**, University of Akron, 1999. Assignment: Veterans Addiction Recovery Center. Theoretical Orientation: Cognitive Behavioral Theory, Strategic & Social Learning Theory. Clinical specialization: individual, couples and group therapy, assessment, general addictions. External to the VA interests: private practice, vocational counseling, professional consultation, community outreach programming. Research and Publications: Instructional models of teaching and communication. Teaching and special interests: individual psychotherapy, brief & solution-focused therapy, addictions.

**YAHNEY, L. Peach, Ph.D.** University of Akron, 2004. Assignment: Community Living Center and Domiciliary. Theoretical orientation: Cognitive-Behavioral. Clinical specialization: individual and group psychotherapy; assessment, psychological factors affecting physical health, promoting health behaviors, stress management and addiction. Professional organizations: American Psychological Association and Ohio Psychological Association. Teaching and supervision interests: individual and group psychotherapy, assessment, and evaluation.

**YOUNG, Graham D., Ph.D.,** University of Akron, 2003. Assignment: Outpatient Psychiatry Clinic-Wade Park. Theoretical orientation: eclectic, contemporary psychodynamic, cognitive-behavioral. Clinical specialization: assessment, individual psychotherapy, couples psychotherapy. Certifications: "The Clinical Practice of Cognitive Therapy" from The Cleveland Center for Cognitive Therapy (2008). Research and publications: Transtheoretical Model of Change, help-seeking behavior, vocational behavior, employability assessment. Teaching interests: the empirically-supported treatment movement and controversy, individual psychotherapy, personality theory, psychopathology, and professional issues. Organizations: Young Government Leaders. Professional Activities Outside of VA: private practice.

## Louis Stokes Cleveland DVAMC QUESTIONNAIRE

NAME:							
Please complete the items below	w. For the	rating sc	ales, indi	icate whet	her vou h	ave had speci	ïc
course work in a particular skil		_			•		
(1=None; 2=some familiarity, b	•	, ,		•	_		
occasional supervisory review;							Ū
		-			-		
Assessment Skills:							
Objective personality tests	Y	N	1	2	3	4	
Projective personality tests	Y	N	1	2	3	4	
General cognitive tests	Y	N	1	2	3	4	
Neuropsychological testing	Y	N	1	2	3	4	
Interviewing	Y	N	1	2	3	4	
Intervention Skills:			1				
Individual verbal therapy	Y	N	1	2	3	4	
Cognitive/behavioral therapies	Y	N	1	2	3	4	
Group work	Y	N	1	2	3	4	
Marital/Family therapy	Y	N	1	2	3	4	
Program: Please check which <u>ONE</u> of th  ☐ 1. Mental Health Track	he three p	rograms	(tracks)	to which	you are a	applying.	
☐ 2a. Health Psychology OI	<u>R</u> □ 2b. (	Geropsyc	hology T	Track (Sa	me track	- choose <u>ON</u>	<u>E</u> )
☐ 3. Neuropsychology Track	k						
NOTE: Under the APPIC Ma above. You must check one a			nnot ran	ık you un	less you r	espond to the	<b>)</b>
Specific Rotations: Please indicate three of our specific (See brochure Appendix A).	rotations a	nd one alte	ernative in	which you	are interes	ted	
1							
2							
3							
Alt.							